

**EXHIBIT H**

HARRISBURG  
BRANCH

10/15/96  
DATE DICTATED

PENNSYLVANIA BUREAU OF DISABILITY DETERMINATION  
TRANSCRIPTION OF TELERECORDED MESSAGE

LEE SILVERMAN MD  
FITZGERALD MERCY HOSPITAL  
1500 LANSDOWNE AVENUE  
DARBY PA 19023

ADJUDICATOR: S COOK  
RE: ARTHUR JACKSON III  
SSN: 203 42 8537

TDN#:

DATE: 10/16/96 #7457

Phone: 610 237 4122

HISTORY OF PRESENT ILLNESS

Let me state from the onset that I only began working with Mr. Jackson on August 19, 1996. I have had a total of six outpatient appointments with him, the last being October 8, 1996. I also treated him briefly on an inpatient basis approximately one month ago. He was only in the hospital two days. While it is clear to me that Mr. Jackson is suffering from some form of depressive and possibly anxiety disorder, it is not clear to me exactly what his illness is and the brief period of time that we've been working together does not allow me to really accurately comment in terms of his long term prognosis or disability.

Essentially Mr. Jackson first presented to my office August 19, 1996 complaining of depression with thoughts of suicide. He also complained of a severe chronic insomnia sleeping, in his words, between one and two hours a day. He reports that approximately six to 12 months before he saw me, he was in a hospital for many, many months being treated with intravenous antibiotics for what he described as a spinal osteomyelitis. Since that time he has had severe back and lower extremity pain, has been disabled, and he believes his depression stems from that.

He denied being on any narcotics at the time I saw him, describes his pre-illness lifestyle as being quite active physically, being involved in martial arts and sports and being actively involved in various odd jobs that he used to maintain his lifestyle. Since that physical illness he reports an inability to work and support himself.

Please note that he was an inconsistent historian and at times it was difficult to accurately gauge the truthfulness of what he was telling me. He described a past history of some type of employment in the computer industry and also a vague, almost fantastic description of prior military experience as well. He described or at least alluded to an extensive history of violence in his past and again there was a fantastic quality to what he was describing. I am unable to again gauge the validity of what he was telling me

LEF SILVERMAN MD/ARTHUR JACKSON III/SSN: 203 42 8537/P. 2

although I can't rule it out.

Essentially he was describing a severe global insomnia, anxiety, fearfulness to leave home, significant decrease in his ability to be motivated and be around others, and intrusive thoughts of suicide and violent thoughts which he at the time was trying to control. He also was living with a woman who I later discovered was mentally ill herself and quite chaotic.

Mr. Jackson also admitted to although minimized an extensive history of alcohol abuse. I believe he has pancreatitis and possibly liver problems secondary to this. It is unclear to me whether he actually suffered from cirrhosis. Liver function tests that I obtained were normal. He did admit to binge drinking at the time of our first encounter. Although he minimized alcohol use since then, it is difficult for me to note to what extent he has been drinking since then although he does appear to be working toward sobriety.

I initially treated him with a number of medications and finally came to the combination of Effexor which I believe is 75 mg two or three times a day and Klonopin I believe he is on 4 mg a day. With the Klonopin and the Effexor, he did report a significant decrease in his anxiety and an improvement in his sleep. The sleep was also helped by the addition of I believe Trazodone 100 mg at bedtime.

The brief inpatient stay he was involuntarily committed by his wife and/or an emergency room doctor due to allegations of threats of suicide. In the hospital the patient denied ever having suicidal intent and he felt that it was a misunderstanding. In the hospital while being seclusive to his room and avoidant of others and somewhat guarded, he did sleep and eat normally, was not agitated, and I released him to outpatient care.

I last saw him on October 6, 1996 and his mental status examination was as follows: extremely polite and at times ingratiating and deferential, very careful of what he said and how he said it, complaining of baseline anxiety and depression, no formal thought disorder was noted. He was at times a bit preoccupied, no overt psychosis although there was a general suspiciousness to his interaction. While no overt homicidal or suicidal ideation was present, there was again a violent flavor to his thinking. Insight was superficial. Judgement appeared to be chronically impaired by impulsivity and cognitively he is of at least average intelligence.

In terms of my diagnosis, please note that these diagnoses are tentative. He clearly meets the criteria for some type of depression I would say major depression severe versus organic mood disorder depressed secondary to alcohol. He also meets the criteria for some type of anxiety disorder. If his description of his past military history is accurate, then he might meet the criteria for post-traumatic stress disorder otherwise I will name it anxiety disorder if not otherwise specified. One can also entertain the possibility of a personality disorder possibly with narcissistic borderline and possibly sociopathic traits although

## EXHIBIT I

MERCY PSYCHIATRY ASSOCIATES

PROGRESS NOTE

Name: Arthur Jackson

Date: 1/28/04 Session Type: Rec

Diagnosis/Target Symptoms: MMN

Anxiety Symptoms ☒ ↓()

Depression Symptoms ☒ ↓()

Psychotic Symptoms ☐ ↓()

Cognitive Symptoms ☐ ↓() Inter

Agitation/Mania ☐ ↓() Pacy

Self-Injury Ideation ☐ Plan \_\_\_\_\_ Intent \_\_\_\_\_ Behavior \_\_\_\_\_ Contracts/Safety ☒

Violence Ideation ☐ Plan \_\_\_\_\_ Intent \_\_\_\_\_ Behavior \_\_\_\_\_ Contract/Safety ☒

Activity/Function Musky

Side Effects φ

Adjunctive Treatment Ar

Communication/Data Very fearful, despondent

W/T Celly overwhelmed by W/T

Eliza, Arthur, Green please

DEPT today, "93202" can be,

Wrighter present to you? had history

Mild Alcohol intoxication

Depression

no poor sleep

Intervention/Plan W/T samples on money

Society, Samples Dubey

\_\_\_\_\_

RTO Tman

Signature Lee D. Silverman, M.D.

( ) Rx ( ) Labs ( ) Referral ( ) Change Level of Care ( ) Correspondence ( ) Procedure

Can't get answers (93202) today

1/28/04 7:00 # 77 T No ch

**EXHIBIT J**

## MERCY PSYCHIATRY ASSOCIATES

## PROGRESS NOTE

Name: Arthur JacksonDate: 5/2/99 Session Type: WeekDiagnosis/Target Symptoms: Depression, insomnia, hypomaniaAnxiety Symptoms  $\uparrow$ ( )  $\downarrow$ (☒)Depression Symptoms  $\uparrow$ ( )  $\downarrow$ (☒)Psychotic Symptoms  $\uparrow$ ( )  $\downarrow$ (☐)Cognitive Symptoms  $\uparrow$ ( )  $\downarrow$ (☐)Agitation/Mania  $\uparrow$ ( )  $\downarrow$ (☐)Self-Injury Ideation ☐ Plan \_\_\_\_\_ Intent \_\_\_\_\_ Behavior \_\_\_\_\_ Contracts/Safety ☒Violence Ideation ☐ Plan \_\_\_\_\_ Intent \_\_\_\_\_ Behavior \_\_\_\_\_ Contract/Safety ☒Activity/Function largely confined to homeSide Effects minimalAdjunctive Treatment Resistant "afraid" of seeing Mr. NyerCommunication/Data did not accept naltrexoneis drinking binge, naltrexone, 1400 mgnow committed to sobriety

## Impression/Elaboration

Psychologically stableSubstance (G)

Intervention/Plan \_\_\_\_\_

RTO 1 month

Signature

Lee D. Silverman, M.D.

( ) Rx ( ) Labs ( ) Referral ( ) Change Level of Care ( ) Correspondence ( ) Procedure

**EXHIBIT K**



## MERCY PSYCHIATRY ASSOCIATES

## PROGRESS NOTE

Name:

Arthur Jackson

Date:

11/4/99

Session Type:

VSMR

Diagnosis/Target Symptoms:

Insomnia, depression

Anxiety Symptoms

↑( ) ↓( )

2 dysphoric but calm

Depression Symptoms

↑( ) ↓( )

I in my office

Psychotic Symptoms

↑( ) ↓( )

Ø

Cognitive Symptoms

↑( ) ↓( )

Intact

Agitation/Mania

↑( ) ↓( )

Ø

Self-Injury Ideation

Ø

Plan

Intent

Behavior

Contracts/Safety

✓

Violence Ideation

Ø

Plan

Intent

Behavior

Contract/Safety

✓

Activity/Function

mostly home

Side Effects

weight gain (?)

Adjunctive Treatment

Neuroleptics

Communication/Data

PT had drinking binge → DUI

-now faces prison, very distressed

C/O wife, insomnia

Impression/Elaboration

Worries about sleeping

mild regression

Intervention/Plan

w/ samples over month

RTO

Signature

Lee D. Silverman, M.D.

( ) Rx

( ) Labs

( ) Referral

( ) Change Level of Care

( ) Correspondence

( ) Procedure

**EXHIBIT L**

## MERCY PSYCHIATRY ASSOCIATES

## PROGRESS NOTE

Name: Antwan JacksonDate: 6/1/04Session Type: BasalDiagnosis/Target Symptoms: MDD / EDS

✓ Anxiety Symptoms ↑( ) ↓( )

✓ Depression Symptoms ↑( ) ↓( )

✓ Psychotic Symptoms ↑( ) ↓( )

✓ Cognitive Symptoms ↑( ) ↓( ) Reasoning

Agitation/Mania ↑( ) ↓( )

Self-Injury Ideation 0 Plan 0 Intent 0 Behavior 0 Contracts/Safety 0Violence Ideation 0 Plan 0 Intent 0 Behavior 0 Contract/Safety 0Activity/Function MaintainingSide Effects Wt lossAdjunctive Treatment Missed 9/10/03 to 10/03Communication/Data Pt drunk x 2/12 weeks - not very  
clear? Inappropriate? I don't know  
clo "verhgo"Impression/Elaboration  
↓ IP alcohol abuse  
Stable personalityIntervention/Plan  
VA (computer) +  
into town

RTO

Signature Lee D. Silverman

LEE D. SILVERMAN, M.D.

( ) Rx ( ) Labs ( ) Referral ( ) Change Level of Care ( ) Correspondence ( ) Procedure

**EXHIBIT M**

## MERCY PSYCHIATRY ASSOCIATES

## PROGRESS NOTE

Name: Arthur JacksonDate: 5/22/04 Session Type: OverDiagnosis/Target Symptoms: MDD, ETOHAnxiety Symptoms  $\uparrow$ ( )  $\downarrow$ ( ) MildDepression Symptoms  $\uparrow$ ( )  $\downarrow$ ( ) ✓Psychotic Symptoms  $\uparrow$ ( )  $\downarrow$ ( ) ✓Cognitive Symptoms  $\uparrow$ ( )  $\downarrow$ ( ) ✓Agitation/Mania  $\uparrow$ ( )  $\downarrow$ ( ) ✓Self-Injury Ideation ✓ Plan ✓ Intent ✓ Behavior ✓ Contracts/Safety ✓Violence Ideation ✓ Plan ✓ Intent ✓ Behavior ✓ Contract/Safety ✓Activity/Function Exercises more, more socialSide Effects light gausAdjunctive Treatment ✓Communication/Data I spoke to Dr. Ebra aboutpatient - we agreed that suspicionabout excessive alcohol use justifiedImpression/Elaboration at least ETOH  $\geq$  11 months, attends AA,weekends in prison, also back pain⇒ stressed need for substanceat agreed - will not continue to practiceabstinence if he relapses significantlyIntervention/Plan W/ Ebra / treatment (cell on us)Her abstinence= Sam's EbraLee D. Silverman, M.D.RTO ✓ Signature Lee D. Silverman, M.D.

( ) Rx ( ) Labs ( ) Referral ( ) Change Level of Care ( ) Correspondence ( ) Procedure